

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101535519

FILING DATE

18 May 05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5	1					
6	1					
7		①				
8		①				
9		①				
10		①				
11			1			
12				1		
13				1		
14				1		
15			1			
16			1			
17				1		
18				1		
19				1		
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	8	←	15	←		←
TOTAL CLAIMS	11		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						